

# NAVY AND MARINE CORPS PUBLIC HEALTH CENTER **UPDATE**



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

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*Fall 2014*

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## From the Commanding Officer's Desk



Capt. Scott R. Jonson  
Commanding Officer, NMCPHC

First and foremost, I want to thank everyone who was associated with my Navy and Marine Corps Public Health Center (NMCPHC) Orientation and the Change of Command Ceremony. Having been responsible for coordinating and conducting such events in days gone by, I appreciate how much work is involved in the process. I want to give a special "shout out" to the Commanding Officers (CO), Officers in Charge (OIC), and Senior Enlisted Leaders (SEL) who took time out of their busy schedules and traveled long distances to brief me on their respective activities and attend the Change of Command Ceremony. I also want to thank my dedicated and hardworking Executive Officer, Command Master Chief, Board of Directors, and Command Suite Administrators. You have made my transition into the Command a smooth one.

Since assuming command on 22 August, I have met and talked with numerous highly skilled professionals from across our diverse and dispersed enterprise. The exceptional work being conducted, coupled with the pride, professionalism, and respect being displayed, is absolutely awesome and makes me feel fortunate and proud to serve as your CO. One of my goals has been to visit as many of our outlying activities as possible during my first six months

## *From the Commanding Officer's Desk – cont'd*

on board the Command. Thus far, I have had the opportunity to visit five of our ten activities. I will be visiting two more in Bethesda, MD (Navy Bloodborne Infection Management Center and Naval Dosimetry Center) in mid-December. The timing for the remaining three (Navy Drug Screening Lab (NDSL) Jacksonville, Navy Entomology Center of Excellence (NECE), and Navy Environmental Preventive Medicine Unit (NEPMU) 7) will be determined by the appropriations legislation process and associated travel restrictions.

My first site visit was to San Diego, CA in early September, where I very much enjoyed learning more about NDSL San Diego and NEPMU-5. The personnel from both activities are full of energy and abundantly talented. Thank you for your warm reception and hospitality! I also had the once-in-a-lifetime honor of serving as the Presiding Officer over NDSL San Diego's Change of Command Ceremony, which was conducted on the flight deck of USS MIDWAY (CV-41) on beautiful San Diego Bay. We were "decked-out" in our Service Dress White uniforms in the middle of a gorgeous sunny morning to execute one of the Navy's finest time-honored traditions. It was truly a fantastic and memorable event. The other highlight of the visit was witnessing two of the best officers in our Navy get promoted to Captain! BZ to both of you!

In-between site visits, I watched our headquarters staff in "full swing" with a wide variety of initiatives and projects. For example, strategic planning for the NMCPHC enterprise, providing health risk assessment and risk communication support, conducting numerous critical health-related analyses for the Navy and Marine Corps, re-engineering our audiometric calibration processes that will ultimately save a lot of time and money, supporting a higher authority request for information on Ebola to help educate Department of the Navy personnel worldwide, assisting BUMED with portions of their Medical Inspector General inspection, and helping align the ShipShape Program with the Secretary of the Navy's 21st Century Sailor and Marine Initiative. Our superb headquarters staff members have given me a better appreciation for the overall role of public health in helping maintain the operational readiness of our service men and women across the Fleet.

My second trip to San Diego, CA was to attend the Fleet Health Integration Panel (FHIP) meeting, which was conducted in late September. All of the Fleet Surgeons were in attendance, along with their SELs and Special Assistants. The purpose of the meeting was to discuss standardized medical practices across the Fleet. NMCPHC was invited to present at the meeting to illuminate who we are and what we can do for the Fleet Surgeons. The OICs from NEPMUs 5 and 6 helped me present our 30-minute presentation. During the meeting, I learned that the work you do is known, respected, and very much appreciated by our Fleet Surgeons and their Line counterparts. Several of the senior people in the room (civilian and military) approached me to complement your world-class work!

After the FHIP meeting, I "jumped on a hop" to visit NEPMU-6 in Pearl Harbor, HI. The grand welcoming I received there was a true reflection of the OIC and his crew. After conducting a Captain's Call, we toured the building, had lunch, and prepared for a series of meetings with the Pacific Command Surgeon, Marine Force Pacific Surgeon, and Pacific Fleet Surgeon. One of the things I was left with from the meetings was how vast the Pacific Theater of Operations really is... and how we need to be proactive in thinking about our readiness to "answer the call" if hostilities were to break out, or some other catastrophic event was to occur, in the region. OIC, NEPMU-6 convinced me that we need to discuss a standardized plan for our Forward Deployable Preventive Medicine Units (FDPMU) across the enterprise. So, we will be doing that in the coming weeks.

My next visit was to NDSL Great Lakes in mid-October. I was greeted pleasantly at the door and escorted to the Command Suite by a squared-away officer where I was briefed by the NDSL CO on the schedule of events for the day. First up was a Captain's Call, where I was asked, "Can the Ebola virus be passed through urine as it can through blood?" The answer is "yes", but... 1) urine seems to be a relatively low risk clinical specimen with

respect to potential lab-associated infections, 2) drug screening specimens will likely not be coming to our labs from West Africa, and 3) we are following the proper policies and procedures to protect our lab personnel. So, we should be safe. The highlight of the visit was a tour of the new 29K square-foot NDSL facility, which cost approximately \$15M to build. The grand opening will be conducted in April 2015. I am looking forward to the event and hope to be there!

My most recent visits were to Bogue Field in North Carolina to observe NEPMU-2's FDPMU in action during "BOLD ALLIGATOR", and a subsequent visit to NEPMU-2 in Norfolk, VA. "BOLD ALLIGATOR" is an international amphibious exercise, which is hosted by the U.S. Navy and Marine Corps. The exercise involves 19 countries, with 17 ships and 2 submarines. NEPMU-2's FDPMU demonstrated their state-of-the-art field capabilities so well that they were invited to participate in follow-on training in and outside of the U.S. The purpose of my subsequent visit to NEPMU-2 was to take a first-hand look at the many important and high visibility things they are doing to ensure Force Health Protection on a global scale. Congratulations to OIC and her team for recently winning the 2014 Navy Community Service Environmental Stewardship Award in the Category of Small Shore Command. Very well done!

The numerous promotions and awards you (the staff members of the NMCPHC enterprise) have received over the past quarter is testimony to your talent and the outstanding work you are performing in providing worldwide Force Health Protection services to Naval and Joint forces in support of the National Military Strategy. I especially want to recognize HM1 (SW/AW) Luis A. Santana, USN from NECE for his recent selection as the 2014 NMCPHC Sailor of the Year (SOY) and candidate for the Bureau of Medicine and Surgery (BUMED) 2014 SOY. Congratulations Shipmate and good luck as you compete at the Navy Medicine level!

In closing, I want to encourage everyone to keep "leaning forward" as we endeavor to exceed industry standards and, as a result, be viewed as the model military public health enterprise. I look forward to working with all of you over the next two years. Together, we will strive for excellence to ensure continued mission success!

Very respectfully, CO

## CMC Corner



HMCN (SW/EXW) Derek Petrin  
Command Master Chief, NMCPHC

Greetings from NMCPHC!

Please join me in congratulating Hospital Corpsman 1st Class (SW/AW) Luis A. Santana who was selected as the NMCPHC 2014 SOY! HM1 Santana is leading petty officer (LPO) for NECE and I'm extremely impressed with his leadership and mentoring, professionalism, dedication, and service to the Fleet. Wish HM1 Santana luck as he goes on to compete for the BUMED 2014 SOY.

As we prepare to head into the holiday season, I hope everyone enjoys time with family and friends. Hope to see you all at the Holiday Party!

## Seasonal Influenza

By: NMCPHC Public Affairs Staff

Influenza, or the flu, is a viral illness characterized by the sudden onset of fever, respiratory symptoms and fatigue. Influenza season in the U.S. typically peaks in January and February, but can begin as early as October. While most people infected with the influenza virus recover quickly, complications can lead to more severe disease presentation and extended illness. The military training and shipboard environments are particular areas of concern with regards to disease spread due to close living quarters.

### Symptoms

People who have the flu often feel some or all of these symptoms:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

### Prevention

Vaccination is the best way to reduce the chances of getting ill from influenza. In addition to getting vaccinated, you can take everyday preventive actions like washing your hands to reduce the spread of germs.

### DoD Policy

It is Department of Defense (DoD) policy that **all** active duty and reserve component personnel be immunized against influenza.

### NMCPHC Surveillance and Reporting Guidance

NMCPHC influenza surveillance strategy includes central analysis of electronic clinical data, local Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) monitoring, Fleet Disease and Injury Surveillance, and reporting of hospitalizations associated with laboratory-confirmed influenza via Disease Reporting System internet (DRSi).

- Navy and Marine Corps units providing patient care should report any hospitalization associated with laboratory-confirmed influenza in patients under the age of 65 via [DRSi](#).
- NMCPHC analysis suggests that surveillance using a pneumonia specific syndrome in [ESSENCE](#) can assist in tracking severe illness that may be associated with influenza.
- Units not recording data in an electronic clinical encounter record or not using a tool like ESSENCE to track disease trends locally can implement [disease and injury \(D&I\) surveillance](#).

### Additional Resources

- For a comprehensive summary of influenza activity in the DON during influenza season access the NMCPHC EpiData Center (EDC) [Weekly DON Influenza SITREP](#).
- Contact your cognizant [NEPMU](#) if you have any questions. NEPMU staff can assist with investigation support, risk assessment and obtaining definitive laboratory testing.

Visit NMCPHC's [Influenza webpage](#) for additional influenza policy, guidance and resources.



## Southern Partnership Station 2014

By: LT Paula Volk



Photo Mass Communication Specialist 3rd Class Andrew Schneider

NEPMU-2's Preventive Medicine Technician (PMT) Hospital Corpsmen 2<sup>nd</sup> Class Alonso Garcia was aboard the joint high-speed vessel USNS Spearhead (JHSV-1) as part of the Southern Partnership Station 2014 from May-October.

Southern Partnership Station is a U.S. Southern Command (SOUTHCOM) directed operation planned by U.S. Naval Forces Southern Command (USNAVSO) and U.S. Fourth Fleet. This year, it was carried out by the USNS Spearhead. The concept is based on the premise that strong partnerships enhance regional stability and security. The training teams are comprised of about 100 service members from all military services. The USNS Spearhead carried a command element, military training teams from Navy Expeditionary Combat Command, the U.S. Marine Corps, U.S. Army, and civilian personnel representing Military Sealift Command.

The Southern Partnership Station 2014 mission was to share knowledge and expertise when visiting the participating countries to improve capabilities in key areas. Areas focused on were: medical readiness, operational risk management, port security, non-commissioned officer professional development, motor maintenance,

and patrol craft operations, among others. These exchanges enhanced regional security through expertise interactions, refined coordination, and development of lines for communication. The types of operations and engagements were requested by, and coordinated with each partner nation. The countries involved were Belize, Colombia, Guatemala, and Honduras.

USNAVSO requested a PMT from NEPMU-2 to provide expertise in preventive medicine and Force Health Protection while aboard the USNS Spearhead. HM2 Garcia was selected to fill this role. He was involved in assessing, preventing, and controlling health threats in the countries visited for the ship personnel and providing any assistance to the host nations. HM2 Garcia identified and evaluated endemic and anthropogenic environmental health hazards and assessed the risk of adverse health outcomes. He provided advisement to the operational commander for significant health threats and recommended interventions for the ship personnel. He also worked with the host nations for a range of public health concerns such as disease vectors, infectious and communicable diseases, occupational and environmental health threats, sanitation controls, food borne illness risks, and water quality and treatment.

"It was a great experience for an exchange of knowledge with the local preventive medicine assets, with how we both implement preventive measures, seeing the similarities and differences. It was valuable learning the different methods of each country and using fewer materials, while achieving the same result. This was a great opportunity to represent the U.S. military and keep our bonds strong."

Click [here](#) to learn more about NEPMU-2.

## Health Analysis Team Integral to MHS 90-Day Review

By: NMCPHC Health Analysis Staff

The Military Health System (MHS) comprises 9.6 million Americans, including active duty service members, retirees and eligible family members, making it one of the largest healthcare providers in the United States. On May 28, 2014, the Secretary of Defense ordered a comprehensive, 90-day review of the MHS to assess the access to, and quality and safety of care.

This large-scale effort required analytical expertise to ensure the accuracy and credibility of the data. The Health Analysis Department (HA), headed by Capt. Rockswold, was well-positioned to contribute as the credible, relevant, and respected leader in health analysis within the Navy and Marine Corps and the broader MHS.

Of their involvement, Capt. Rockswold said, “Working on such an important and high-profile review of military health data was a tremendous honor. I was very proud that three of our epidemiologists and I could represent HA in such a substantial way.”

Capt. Rockswold led the analytics cell that comprised 20 people from all 3 services and DHA. The cell provided continuity and structure for the analyses conducted across three working groups each assigned

a particular component of the review. These covered access to care, quality of care, and safety of care. The HA team continues to support the review, providing on-site and reach-back capability, as necessary.

Three HA epidemiologists, Alicia Guerrero, Ernest Williams and Mariam Kwamin, were among the top experts. They coordinated with analysts and subject matter experts from the three services to provide objective and accurate analyses to inform the final report to the Secretary of Defense.

Alicia Guerrero stated, “It was rewarding to be part of a tri-service effort that affects 9.6 million people.”

Supported by HA’s analytical expertise, the results of the [Secretary of Defense Military Health System Review Final Report](#) ultimately concluded that “the MHS delivers safe, timely, and quality care that is largely comparable to care delivered in the civilian sector. The MHS demonstrates wide performance variability with some areas better than civilian counterparts and other areas below national and Department benchmarks.”

Click [here](#) to learn more about HA’s products and services.

## Tri-Service Food Code is Now Official

By: Public Affairs Staff

The [Naval Manual of Preventive Medicine \(NAVMED P-5010\), Chapter 1](#), or better known as the Tri-service Food Code (TSFC), is now official. TSFC is a joint food sanitation and safety standard developed by public health professionals from the Army Public Health Command, NMCPHC, Air Force School of Aerospace Medicine Food Protection Program, and the DoD Veterinary Services Activity. The joint standard was developed to eliminate confusion associated with differences in food safety criteria enforced across the services.

Foodborne illness in the U.S. is a major cause of personal distress, preventable death and avoidable economic burden. A 2011 analysis released by the Centers for Disease Control and Prevention (CDC)

estimates 48 million foodborne illnesses occur each year in the United States, resulting in approximately 128,000 hospitalizations and 3,000 deaths. For military personnel, prevention of foodborne illness serves as a critical force multiplier. Individuals become sick, but their illness affects entire units, the workforce, and families. The TSFC standardizes military food safety criteria and procedures for the sanitary control and surveillance of food to mitigate risk factors known to cause foodborne illness.

Official TSFC documentation, standardized forms and answers to frequently asked questions can be found at the NMCPHC [Food Sanitation and Safety webpage](#). Program specific questions should be referred to your appropriate [NEPMU](#).

## Heat Stress Awareness PSAs

By: NMCPHC Public Affairs Staff



Screen shot from the Heat Stress Awareness PSA: Signs of sodium depletion heat exhaustion.

Did you know that heat stress can occur any time of year, not just in the summer?

Heat stress is a concern any time a hot

environment and exertion combine to threaten the body's ability to cool itself. Heat exhaustion and heat stroke can cause injury and can be life threatening. Even minor heat injuries can impact mission readiness, reduce productivity and

increase the risk of on job accidents. The good news is that most heat stress injuries are preventable. If you know the risk factors you can stop injuries before they happen, which led the NMCPHC Occupational and Environmental Medicine (OEM) Division to develop Heat Stress Awareness public service announcements (PSAs). There are two versions, a heat stress [overview](#) and a more [comprehensive](#) account, that walk viewers through the preventive measures, signs of heat exhaustion and heat stroke, and actions to take if you recognize signs of heat stress in others. Visit the [OEM Quick Notes](#) page to learn more about heat stress injury prevention.

## Engaging with Stakeholders and Partners to Promote Health and Wellness

By: NMCPHC Health Promotion and Wellness Staff

The NMCPHC Health Promotion and Wellness (HPW) Department recognizes the importance of forming strategic relationships with stakeholders and partner organizations in the shared mission of promoting health and wellness among military audiences. This year, the HPW Department developed two new forums designed to help increase awareness of the resources, tools, and programs available and promote collaboration between HPW and its stakeholders and partners.

In July 2014, the HPW Department launched the Stakeholder Collaboration Call to facilitate direct dialogue between HPW and health promotion staff and health educators from commands and medical treatment facilities (MTFs) across the Navy. The monthly calls provide an opportunity for HPW to deliver updates on programs, products, and health observances while providing stakeholders with the opportunity to ask questions, voice concerns, and share best practices. The calls also feature a hot topic that highlights an issue of great interest to the group. Hot topics have included tobacco cessation, health literacy, and the Great American Smokeout. The department is using the feedback and best practices discussed during the call to help improve its resources and programs for stakeholders.

Last month, the HPW Department hosted a virtual All-Partner Town Hall that brought military and federal health organizations together to discuss how they use or would like to use HPW resources, address additional information they would like to receive from HPW, and share ideas for future engagement. The event also featured presentations from two active partners who shared their experiences collaborating with HPW to align messages and resources. Through a lively discussion, HPW gained valuable insight into its partners and the department is applying the lessons learned to strengthen the partnership program.

The HPW Department will continue to utilize both of the engagement forums to improve the products and services it provides to stakeholders and partners. Joining forces with stakeholders and partners to serve the health and wellness information needs of service members and their families is an important focal point for the HPW Department as it produces new and innovative materials and services. Visit the [HPW Department webpage](#) to learn more about their products and services.

## Give Us Your Feedback About Our Website

As part of NMCPHC's commitment to providing quality service and health readiness, we recently launched a [website survey](#). The survey will help us understand who visits the NMCPHC website, for what purpose, and whether the website meets visitors' needs and expectations. This feedback will help us improve the website in the future. Additionally, the feedback gathered will allow us to understand strengths and opportunities for improvement on current products and services and to inform future strategy and planning.

The survey is completely confidential and will take about 10-15 minutes to complete. Please [take our survey](#) to give us your feedback about the NMCPHC website.

## In case you missed it!

Check out the following articles from Navy Medicine Live:

[Enhancing Resilience and Recovery of Reservists](#)

[Serving our Wounded, Ill and Injured](#)

[Food and Water Risk Assessments](#)

## Bravo Zulu

Please take the time to congratulate these great Sailors on making a significant impact at their commands and throughout the Navy.

### NMCPHC 2014 Sailor of the Year

HM1 Santana - NECE

### Promotion to Chief Petty Officer

Congratulations to our newest Chief Petty Officers who received their anchors!

HMC Moreno - NEPMU-2

HMC Eusebio - NEPMU-5

HMC Hosaka - NEPMU-7

### 2014 Environmental Health Officer of the Year

Congratulations to LT Paddock (NMCPHC) on her selection as the Environmental Health Officer of the Year!

### 2014 Navy Community Service Environmental Stewardship Award

Congratulations to NEPMU-2 for receiving an award in the Category of Small Shore Command!